

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

ALABAMA RINO PAC (ALRINO; AL_RINO; ARPAC)

ADDRESS (number and street)

7304 AEMILIAN WAY

☐ (Check if address is changed)

AUSTIN

CITY ▲

TX

STATE ▲

78730

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

ashlin@rightsidecompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

alabamarino.com

2. DATE

MM / DD / YYYY
04 / 06 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00808303

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer OBRIEN, ASHLIN, , ,

Signature of Treasurer

OBRIEN, ASHLIN, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 06 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

Write or Type Committee Name

ALABAMA RINO PAC (ALRINO; AL_RINO; ARPAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

OBRIEN, ASHLIN, , ,

Mailing Address

7304 AEMILIAN WAY

AUSTIN

TX

78730

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

OBRIEN, ASHLIN, , ,

Mailing Address

7304 AEMILIAN WAY

AUSTIN

TX

78730

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

512

347

1784

Full Name of
Designated
Agent

OLEARY, SHANNON, , ,

Mailing Address

7304 AEMILIAN WAY

AUSTIN

CITY

TX

STATE

78730

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

PO Box 6995

Portland

CITY

OR

STATE

97228

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: F1N
Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule:
Transaction ID: